

**UNITED STATES DISTRICT COURT
District of Montana**

(Plaintiff/Petitioner)

Cause No. _____
(to be filled in by Clerk of Court)

vs.

**MOTION TO PROCEED IN
FORMA PAUPERIS**

(List All Defendants/Respondents)

1. My name is _____. In this action, I am (check one):
a petitioner / plaintiff ☐
a defendant ☐
other (explain) ☐ _____
2. In support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to relief in the action to which I am or will be a party.
3. In support of this application, I answer the following questions under penalty of perjury.
4. Are you currently incarcerated? Yes ☐ No ☐ (If No, go to Question 5.)
 - A. If Yes, state the place of your incarceration:
 - B. Have you been incarcerated at your current institution for the past six months? Yes ☐ No ☐
(If Yes, go to Question 5.)
 - C. If No, have you been incarcerated for at least six months? Yes ☐ No ☐
 1. If Yes, list all institutions in which you have been incarcerated in the past six months. State when you entered and when you left each institution:

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2. If No, state the last date on which you were not incarcerated, and list any institutions at which you were incarcerated before your current one:

NOTE TO PRISONERS: You will be required to submit an official copy of your inmate trust account statement in support of your Application. You may include your account statement with this Application. Please continue to Question 5.

5. Are you currently employed? Yes ☐ No ☐
- A. If Yes, state the amount of your take-home salary or wages, your pay period, and the name and address of your employer:
- B. If No, state the date of your last employment, the amount of your take-home salary or wages, your pay period, and the name and address of your last employer:
6. In the past 12 twelve months, have you received any money from any of the following sources?
- | | |
|---|--|
| A. Business, profession or other self-employment | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B. Rent payments, interest or dividends | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| C. Pensions, annuities or life insurance payments | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| D. Disability or workers compensation payments | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| E. Social Security or retirement benefits | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| F. Family or friends | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| G. Gifts or inheritances | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| H. Any other sources (specify) _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If the answer to any of the above is Yes, describe each source of money, state the amount received, the frequency with which you receive it, and what you expect you will continue to receive:

7. Do you have any cash or checking or savings accounts? Yes ☐ No ☐
If Yes, state the total value of all three:
8. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? Yes ☐ No ☐
If Yes, describe the property and state its value:

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9. List the persons who are dependent on you for support, state your relationship to each person, and indicate how much you contribute to their support:

10. Prisoners Only (Other Persons go to Question 11):

- A. Have you begun any other lawsuit while incarcerated or detained in any facility?
Yes ☐ No ☐ (If No, go to Question 11)
- B. For each lawsuit you have filed, answer the following questions. Attach additional sheets as necessary.
- C. Name the court(s) where each lawsuit was filed. For federal courts, identify the District; for state courts, identify the county. Do not include lawsuits filed in the U.S. District Court for the District of Montana.

- D. Name the parties to the previous lawsuit(s):

Plaintiffs: -----

Defendants: -----

- E. Docket number(s): -----

- F. Date(s) on which each lawsuit was filed : -----

- G. Disposition and date (For example, was the case dismissed and when? Was it settled? Appealed? By whom, plaintiff or defendant? Is the case still pending?):

- H. Was the previous lawsuit based upon the same or similar facts asserted in this lawsuit?

Yes ☐ No ☐

- I. If you filed any appeal in any federal court of appeals, name the court(s) and give the case number(s) and the disposition: -----

11. Applicant's Declaration

- A. I understand that I must keep the Court informed of my current mailing address and that my failure to do so may result in denial of this Application without actual notice to me.
- B. (Prisoners Only): I understand that I may not proceed in forma pauperis if I have filed three lawsuits and/or appeals that were dismissed on grounds that the action and/or appeal was frivolous or malicious, or failed to state a claim upon which relief may be granted, unless I am in imminent danger of serious physical injury. 28 U.S.C. § 1915(g).
- C. I understand that submission of a false statement or answer to any question in this Application may subject me to penalties for perjury. I, the Applicant, declare under penalty of perjury that I have read the above Application and that the information I have set forth within it is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Signature of Applicant (sign in presence of Notary Public)

To be completed by Notary Public:

I hereby certify that on this day the Applicant, _____, personally appeared before me, a Notary Public for the State of Montana. The Applicant swears or affirms that s/he is the person named in the foregoing Application, that s/he has read and truthfully completed the contents thereof, and that s/he has executed the Application by his/her own hand. The Application was SUBSCRIBED AND SWORN before me this _____ day of _____, 20____.

(seal)

Printed Name _____

Notary Public, State of Montana, County of _____

My Commission Expires _____

Rev'd April 2006

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